

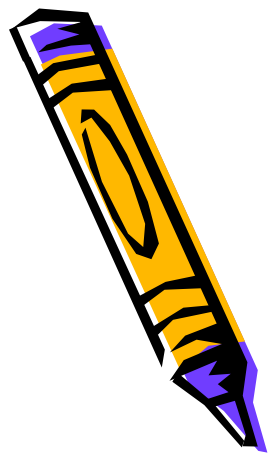


CHILD CARE SUBSIDY ORIENTATION

CHILDREN'S DIVISION
EARLY CHILDHOOD AND PREVENTION SERVICES
Revised September, 2009

IMPORTANT INFOMRATION

Providers should read the Missouri
Child Care Provider Reference Guide
before continuing with this training.





I see a career in child care for you!

DOING BUSINESS AS A CHILD CARE PROVIDER WITH THE STATE



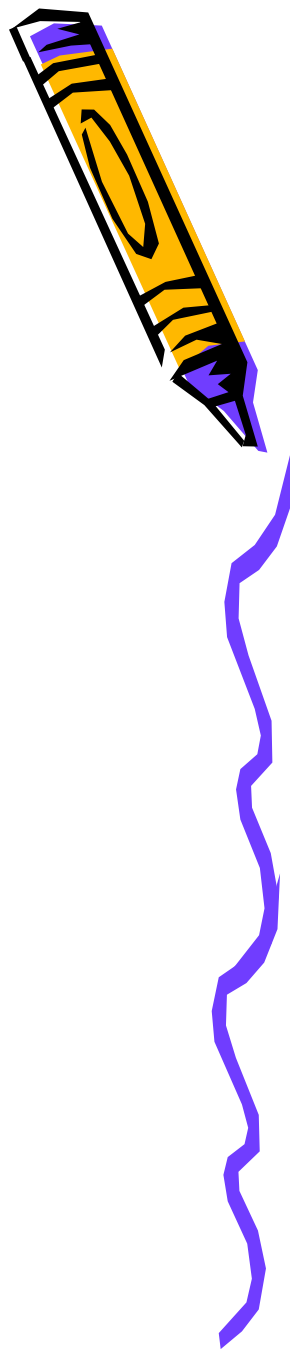
Legal Child Care in Missouri

- The difference between
 - Licensed (Contracted)
 - License Exempt (Registered)



Receiving Subsidy Payment in Missouri

- The difference between
 - Contracting, and
 - Registeringas payment agreements with DSS
- Tax Information



HOW DO I GET PAID?



- Parent is eligible for child care subsidy;
- Parent chooses a child care provider;
- Provider signs agreement;
- Child is authorized for care with DSS Compliant Provider;
- Provider receives a letter authorizing DSS subsidy payment.



[illegible]



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES

AUTHORIZATION APPROVAL LETTER

Provider information
including
Departmental Vendor
Number (DVN)

0012345678 123456
MY CHILD CARE
1 DAYCARE LAKE
ANYTOWN MO 55555-1234

CHILD CARE PROVIDER APPROVAL/CHANGE NOTICE	Page 01	Date 08/24/2007
MY CHILD CARE		DVN 0012345678

The children listed below are eligible for child care at your facility. Dates of service and restrictions are listed below.

Sliding fee amounts for each child are listed below. Sliding fee amounts are based on household's size and income. If the sliding fee amount listed below is \$0.00, the household's required sliding fee amount is actually \$1.00 per year. The parent is required to pay the sliding fee amount as a condition of eligibility for child care benefits.

Sliding fee amounts do not apply to children with defined special needs.

CHILD NAME
CHILD SUBSIDY
Special Needs: N
DCN
1234567890

BEGIN DATE: 08/27/2007 END DATE: 11/30/2007
22 FULL DAY UNIT PER MONTH 00 FULL EVENING UNIT PER MONTH
00 HALF DAY UNIT PER MONTH 00 HALF EVENING UNIT PER MONTH
00 PART DAY UNIT PER MONTH 00 PART EVENING UNIT PER MONTH

SLIDING FEE/DAY:	FULL	HALF	PART	BEGIN DATE	END DATE
	\$0.00	\$0.00	\$0.00	08/27/2007	08/31/2007
	\$1.00	\$0.65	\$0.45	09/01/2007	11/30/2007

SECOND CHILD SUBSIDY
Special Needs: N
0123456789

BEGIN DATE: 08/27/2007 END DATE: 11/30/2007
22 FULL DAY UNIT PER MONTH 00 FULL EVENING UNIT PER MONTH
00 HALF DAY UNIT PER MONTH 00 HALF EVENING UNIT PER MONTH
00 PART DAY UNIT PER MONTH 00 PART EVENING UNIT PER MONTH

SLIDING FEE/DAY:	FULL	HALF	PART	BEGIN DATE	END DATE
	\$0.00	\$0.00	\$0.00	08/27/2007	08/31/2007
	\$1.00	\$0.65	\$0.45	09/01/2007	11/30/2007

The parent is responsible to pay for child care costs which exceed the state maximum plus any sliding fee.

If the provider charges less than the state maximum, the state will only pay the provider rates less the sliding fee rate.

Child's
information,
including:

• Name and
Special Needs
indicator;

• Departmental
Client Number
(DCN);

• Authorization
begin and end
dates.

Information on
other children
in this child
care eligibility
unit

Child's
authorization
information:

22 Full
Daytime Units
per Month

Parent's sliding fee
information:

\$1.00 per full day
for 22 days per
month (\$22.00)
beginning
09/01/2007.

Zero sliding fee
from 08/27/07
through 08/31/07.

CHILD CARE PROVIDER APPROVAL/CHANGE NOTICE		Page 02	Date 08/24/2007
Provider MY CHILD CARE		DVN 0012345678	

The family is responsible for the sliding fee portion of the rate.

The Family Support Division will not pay for any services billed during a period of time during which a provider's license, contract, or registration is not valid.

In order to receive payment from the Family Support Division, you must send us child care invoices on a monthly basis. You must sign the invoices. Certain providers must also send in attendance sheets which track the hours and days when care was provided. The attendance sheets must be signed on a daily basis by the parent.

If you have any questions or require further information, please contact your local Family Support Division office at the number listed below:

SALLY SPECIALIST

(555)555-5555



Eligibility Specialist to contact if you have questions regarding this child's authorization



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES

CHILD AUTHORIZATION CLOSING LETTER

0012345678 123456
MY CHILD CARE
1 DAYCARE LANE
ANYTOWN MO 55555-1234

CHILD CARE PROVIDER APPROVAL/CHANGE NOTICE		Page 01	Date 08/31/2007									
Provider MY CHILD CARE		DNN 0012345678										
<p>The authorization(s) for the following individual(s) ended on the dates listed. No absences or holidays may be claimed for any day after the child left your care.</p> <table><thead><tr><th>CHILD NAME</th><th>DCN</th><th>END DATE</th></tr></thead><tbody><tr><td>CHILD A CLOSED</td><td>1111111111</td><td>09/01/2007</td></tr><tr><td>CHILD B CLOSED</td><td>2222222222</td><td>09/01/2007</td></tr></tbody></table> <p>If you have any questions or require further information, please contact your local Family Support Division office at the number listed below:</p> <p>SALLY SPECIALIST (555)555-5555</p>				CHILD NAME	DCN	END DATE	CHILD A CLOSED	1111111111	09/01/2007	CHILD B CLOSED	2222222222	09/01/2007
CHILD NAME	DCN	END DATE										
CHILD A CLOSED	1111111111	09/01/2007										
CHILD B CLOSED	2222222222	09/01/2007										

Information on all children in the Child Care eligibility unit whose authorizations have been closed:

- Children's names
- Children's dcn's

Children's Authorization end date:

This is the last day you will be paid by DSS for providing child care services to these children



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES

0012345678 123456
MY CHILD CARE
1 DAYCARE LAHE
ANYTOWN MO 55555-1234

NOTIFICATION OF SLIDING FEE CHANGE

Child's
information,
including:

- Name and Special Needs indicator
- DCN
- Authorization begin and end dates

CHILD CARE PROVIDER APPROVAL/CHANGE NOTICE		Page 01	Date 08/13/2007
MY CHILD CARE		DVA 0012345678	
Child care sliding fees changed for the following child(ren) based on a change in income, household size and/or special needs.			
CHILD NAME SLIDING FEE EXAMPLE Special Needs: N		DCN 0055555555	
BEGIN DATE: 09/01/2007 END DATE: 12/31/2007			
23 FULL DAY UNIT PER MONTH 00 FULL EVENING UNIT PER MONTH			
00 HALF DAY UNIT PER MONTH 00 HALF EVENING UNIT PER MONTH			
00 PART DAY UNIT PER MONTH 00 PART EVENING UNIT PER MONTH			
SLIDING FEE/DAY: FULL HALF PART BEGIN DATE END DATE			
\$5.00 \$3.25 \$2.25 09/01/2007 12/31/2007			
The parent is responsible to pay for child care costs which exceed the state maximum plus any sliding fee.			
If the provider charges less than the state maximum, the state will only pay the provider rates less the sliding fee rate.			
The family is responsible for the sliding fee portion of the rate.			
The Family Support Division will not pay for any services billed during a period of time during which a provider's license, contract, or registration is not valid.			
In order to receive payment from the Family Support Division, you must send us child care invoices on a monthly basis. You must sign the invoices. Certain providers must also send in attendance sheets which track the hours and days when care was provided. The attendance sheets must be signed on a daily basis by the parent.			
If you have any questions or require further information, please contact your local Family Support Division office at the number listed below:			
SALLY SPECIALIST (555)555-5555			

Child's authorization
information:

23 Full Daytime
Units per Month.

Parent's sliding
fee information:

\$5.00 per full
time day for 23
days per month
(\$115) beginning
09/01/07
through
12/31/07.

WHEN DO I GET PAID?



RECORD KEEPING AND INVOICING

- CHILD CARE ATTENDANCE RECORDS (CS-109)
- CHILD CARE INVOICE (FA-581)
- TAX FORM 1099





MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT AND CHILDREN'S DIVISION
CHILD ATTENDANCE RECORD BY FAMILY UNIT

PROVIDER NAME
PROVIDER VENDOR NUMBER
PROVIDER TELEPHONE NUMBER

INSTRUCTIONS: Please list the parent or designee's name and address in the top lines as labeled. List the child's name in the first column. If there is another child in this family unit for which you provide care, list the other child in the remaining column. Use only one column per child. Use another Child Attendance Record form for additional children in this same family unit. **THE PARENT/DESIGNEE RECORDS THE CHILD'S TIME IN AND OUT OF YOUR FACILITY ON A DAILY BASIS. YOU AND THE PARENT/DESIGNEE MUST SIGN THIS FORM PRIOR TO SUBMITTING IT TO FSD/CD.** The parent/designee's initials are required daily. The parent/designee signature and your signature are required on each form monthly. Staple these attendance records to your invoice when submitting to FSD/CD for payment. Please include your name or business name, your provider number and phone number of the top of each form.

PARENT OR DESIGNEE NAME	PARENT SOCIAL SECURITY NUMBER
PARENT OR DESIGNEE ADDRESS	
PARENT OR DESIGNEE TELEPHONE NUMBER	

MONTH/YEAR	CHILD #1 (FIRST NAME, LAST NAME)				PARENT/DESIGNEE MUST INITIAL EACH DAY OF CARE	CHILD #2 (FIRST NAME, LAST NAME)				PARENT/DESIGNEE MUST INITIAL EACH DAY OF CARE
DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM		TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM	
01										
02										
03										
04										
05										
06										
07										
08										
09										
10										
11										
12										
13										
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24										
25										
26										
27										
28										
29										
30										
31										

I certify that the hours and days of care listed above were provided to the above named child/ren.					
PARENT/DESIGNEE SIGNATURE			CHILD CARE PROVIDER SIGNATURE		

Provider: Use this form to track times and days of care on a daily basis. This form is designed to assist you in completing your monthly invoice from FSD/CD. Attach this form to your completed invoice and return it to the FSD/CD office listed at the top of your invoice. You are required to keep a copy of this form for your records and to make it available for review for five (5) years.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT AND CHILDREN'S DIVISION
CHILD ATTENDANCE RECORD BY FAMILY UNIT

PROVIDER NAME MY CHILD CARE BUSINESS
PROVIDER VENDOR NUMBER 001234567
PROVIDER TELEPHONE NUMBER 314-555-1234

INSTRUCTIONS: Please list the parent or designee's name and address in the top lines as labeled. List the child's name in the first column. If there is another child in this family unit for which you provide care, list the other child in the remaining column. Use only one column per child. Use another Child Attendance Record form for additional children in this same family unit. **THE PARENT/DESIGNEE RECORDS THE CHILD'S TIME IN AND OUT OF YOUR FACILITY ON A DAILY BASIS. YOU AND THE PARENT/DESIGNEE MUST SIGN THIS FORM PRIOR TO SUBMITTING IT TO FSD/CD.** The parent/designee's initials are required daily. The parent/designee signature and your signature are required on each form monthly. Staple these attendance records to your invoice when submitting to FSD/CD for payment. Please include your name or business name, your provider number and phone number of the top of each form.

PARENT OR DESIGNEE NAME MARY POPPINS	PARENT SOCIAL SECURITY NUMBER 123-45-6789
------------------------------------------------	-----------------------------------------------------

PARENT OR DESIGNEE ADDRESS 123 N MAIN ST, JUNCTION, MO 65555

PARENT OR DESIGNEE TELEPHONE NUMBER 314-555-9876

MONTH/YEAR 03/2007	CHILD #1 (FIRST NAME, LAST NAME) CORY POPPINS				PARENT/DESIGNEE MUST INITIAL EACH DAY OF CARE	CHILD #2 (FIRST NAME, LAST NAME) JANE POPPINS				PARENT/DESIGNEE MUST INITIAL EACH DAY OF CARE
DAY OF MONTH	TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM		TIME CARE BEGAN AM OR PM	TIME CARE ENDED AM - SCHOOL AGE ONLY	TIME CARE BEGAN PM - SCHOOL AGE ONLY	TIME CARE ENDED AM OR PM	
01	7:30 am	8:30 am	3:30 pm	5:30 pm	MP	7:30 am			5:30 pm	MP
02	7:35 am			5:40 pm	MP	7:35 am			5:40 pm	MP
03										
04										
05	7:45 am	8:35 am	3:35 pm	5:50 pm	MP	7:45 am			5:50 pm	MP
06	7:15 am	8:35 am	3:40 pm	5:15 pm	MP	7:15 am			5:15 pm	MP
07	7:30 am	8:30 am	3:25 pm	5:25 pm	MP	7:30 am			5:25 pm	MP
08	7:35 am	8:25 am	3:30 pm	5:30 pm	MP	7:35 am			5:30 pm	MP
09	7:30 am	8:30 am	3:25 pm	5:25 pm	MP	7:30 am			5:25 pm	MP
10										
11										
12	7:50 am	8:30 am	3:30 pm	5:45 pm	MP	7:50 am			5:45 pm	MP
13	7:45 am	8:35 am	3:45 pm	5:35 pm	MP	7:45 am			5:35 pm	MP
14	7:15 am	8:30 am	3:35 pm	5:20 pm	MP	7:15 am			5:20 pm	MP
15	7:30 am	8:25 am	3:40 pm	5:25 pm	MP	7:30 am			5:25 pm	MP
16	7:20 am	8:30 am	3:30 pm	5:20 pm	MP	7:20 am			5:20 pm	MP
17										
18										
19	7:30 am	NO SCHOOL		5:25 pm	CT	7:30 am			5:25 pm	CT
20	7:40 am	NO SCHOOL		5:10 pm	CT	7:40 am			5:10 pm	CT
21	8:20 am	SPRING BREAK		4:10 pm	RW	8:20 am			4:10 pm	RW
22	8:30 am	NO SCHOOL		4:15 pm	RW	8:30 am			4:15 pm	RW
23	7:45 am	NO SCHOOL		3:20 pm	CT	7:45 am			3:20 pm	CT
24										
25										
26	7:45 am	8:40 am	3:45 pm	5:50 pm	MP	7:45 am			5:50 pm	MP
27	7:40 am	8:35 am	3:40 pm	5:30 pm	MP	7:40 am			5:30 pm	MP
28	7:25 am	8:30 am	3:35 pm	5:20 pm	MP	7:25 am			5:20 pm	MP
29	7:30 am	8:30 am	3:30 pm	5:25 pm	MP	7:30 am			5:25 pm	MP
30	ABSENT					ABSENT				
31										

I certify that the hours and days of care listed above were provided to the above named child/ren.	
PARENT/DESIGNEE SIGNATURE Mary Poppins	CHILD CARE PROVIDER SIGNATURE My Childcare Business

Provider: Use this form to track times and days of care on a daily basis. This form is designed to assist you in completing your monthly invoice from FSD/CD. Attach this form to your completed invoice and return it to the FSD/CD office listed at the top of your invoice. You are required to keep a copy of this form for your records and to make it available for review for five (5) years.

RETURN TO:



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

|||||



CHILD CARE INVOICE EXAMPLE FORM



CHILD CARE VENDOR INVOICE				INVOICE DATE		INVOICE NUMBER		SERVICE MONTH							
HOLIDAYS CLAIMED				PROVIDER NUMBER		CONTRACT NUMBER		RETURN BY							
								DISP N ACRO N							
STATE MAXIMUM REIMBURSEMENT RATE IN YOUR AREA FOR CHILD CARE FAMILY															
DAYTIME					EVENING/WEEKEND										
	FULL-DAY		HALF-DAY		PART-DAY			FULL-DAY		HALF-DAY		PART-DAY			
INFANT	\$15.00		\$ 9.75		\$ 5.00		INFANT	\$17.25		\$11.21		\$ 5.75			
PRESCHOOL	\$13.00		\$ 8.00		\$ 5.00		PRESCHOOL	\$14.85		\$ 9.20		\$ 5.75			
SCHOOL-AGE	\$12.00		\$ 8.00		\$ 5.00		SCHOOL-AGE	\$13.80		\$ 8.20		\$ 5.75			
CHILD				CHILD'S ELIGIBILITY				CHILD SUBSIDY ENDS				PAYMENT RATES FOR THIS CHILD			
DCN				DAY: F00/H00/P00 EW: F00/H00/P00				00/00/0000				DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00			
DAY				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				FL HF PT HL AB							
EW															
CHILD				CHILD'S ELIGIBILITY				CHILD SUBSIDY ENDS				PAYMENT RATES FOR THIS CHILD			
DCN				DAY: F00/H00/P00 EW: F00/H00/P00				00/00/0000				DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00			
DAY				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				FL HF PT HL AB							
EW															
CHILD				CHILD'S ELIGIBILITY				CHILD SUBSIDY ENDS				PAYMENT RATES FOR THIS CHILD			
DCN				DAY: F00/H00/P00 EW: F00/H00/P00				00/00/0000				DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00			
DAY				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				FL HF PT HL AB							
EW															
CHILD				CHILD'S ELIGIBILITY				CHILD SUBSIDY ENDS				PAYMENT RATES FOR THIS CHILD			
DCN				DAY: F00/H00/P00 EW: F00/H00/P00				00/00/0000				DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00			
DAY				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				FL HF PT HL AB							
EW															
CHILD				CHILD'S ELIGIBILITY				CHILD SUBSIDY ENDS				PAYMENT RATES FOR THIS CHILD			
DCN				DAY: F00/H00/P00 EW: F00/H00/P00				00/00/0000				DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00			
DAY				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				FL HF PT HL AB							
EW															
CHILD				CHILD'S ELIGIBILITY				CHILD SUBSIDY ENDS				PAYMENT RATES FOR THIS CHILD			
DCN				DAY: F00/H00/P00 EW: F00/H00/P00				00/00/0000				DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00			
DAY				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31				FL HF PT HL AB							
EW															
I CERTIFY THAT I, AS AN INDIVIDUAL OR AGENT OF THE CHILD CARE FACILITY, PROVIDED SERVICE TO THE CHILDREN LISTED ABOVE.															
PROVIDER SIGNATURE/TITLE								DATE							
LOCAL FSD DESIGNEE SIGNATURE								DATE							
PLEASE COPY THIS BILLING INVOICE FOR YOUR RECORDS AND RETURN THE ORIGINAL TO THE FAMILY SUPPORT DIVISION OFFICE SHOWN ABOVE.															
FOR ASSISTANCE YOU MAY CALL (314)877-2470															

RETURN TO:

ADDRESS OF THE DSS OFFICE
WHERE YOU NEED TO RETURN YOUR
INVOICE ONCE YOU HAVE
COMPLETED IT

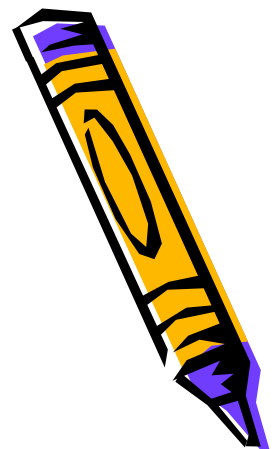
RETURN TO:
ST LOUIS COUNTY FSD - JENNINGS
8501 LUCAS AND HUNT RD STE 110
SAINT LOUIS MO 63136-1450



STATE OF MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION



COMPUTER GENERATED
IDENTIFYING
INFORMATION ABOUT
THE CHILD CARE PROVIDER



SERVICE MONTH: This is the month that child care was provided.

RETURN BY: The date the invoice should be returned to the address at the top of the invoice.

RATE ENHANCEMENTS: This field shows your eligibility for increased rates.

INVOICE NUMBER: The number assigned to this invoice.

CONTRACT NUMBER: If you are licensed and have a contract with the state, this is your contract number.

INVOICE DATE: The date the invoice was printed.

PROVIDER NUMBER: The number assigned to you by the state to identify you as the child care provider

STATE MAXIMUM REIMBURSEMENT RATES: These are the maximum rates that the state will pay you. Rates are determined by your facility type, child's level of care, and your location.

CHILD CARE VENDOR INVOICE										INVOICE DATE 09/20/2005										INVOICE NUMBER D2006115010000001										SERVICE MONTH SEPT 2005																																																	
HOLIDAYS CLAIMED										PROVIDER NUMBER 001234567										CONTRACT NUMBER DC123456										RETURN BY 10/10/2005										DISP N										ACRD N																													
STATE MAXIMUM REIMBURSEMENT RATE IN YOUR AREA FOR CHILD CARE FAMILY																																																																															
DAYTIME																														EVENING/WEEKEND																																																	
	FULL-DAY										HALF-DAY										PART-DAY											FULL-DAY										HALF-DAY										PART-DAY																											
INFANT										\$15.00										\$ 9.75										\$ 5.00										INFANT										\$17.25										\$11.21										\$ 5.75									
PRESCHOOL										\$13.00										\$ 8.00										\$ 5.00										PRESCHOOL										\$14.95										\$ 9.20										\$ 5.75									
SCHOOL-AGE										\$12.00										\$ 8.00										\$ 5.00										SCHOOL-AGE										\$13.80										\$ 9.20										\$ 5.75									
CHILD CORY POPPINS										CHILD'S ELIGIBILITY DAY: F23/H00/P00										CHILD SUBSIDY ENDS 10/31/2005										PAYMENT RATES FOR THIS CHILD																																																	
DCN 0012345678										EW: F00/H00/P00																				DAY: F \$13.00 H \$ 8.00 P \$ 5.00																																																	
																														EW: F \$14.95 H \$ 9.20 P \$ 5.75																																																	
DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	FL	HF	PT	HF	AB																																											
EW																																																																															

CHILD SUBSIDY ENDS: The date that state payment ends for care of this child.

PAYMENT RATES FOR THIS CHILD: Daily rates that we pay you for the time child is in your care. These rates do not include the sliding fee amount that you must collect from the parent.

CHILD'S ELIGIBILITY: The number of times per month that this child is eligible for state paid services.

DAY: Daytime care during the hours of 6:00a.m. to 7:00p.m.

EW: Evening/Weekend care during the hours of 7:00p.m. to 6:00a.m.

DCN: Child's Departmental Client Number

CHILD												CHILD'S ELIGIBILITY DAY: F00/H00/P00 EW: F00/H00/P00				CHILD SUBSIDY ENDS 00/00/0000				PAYMENT RATES FOR THIS CHILD DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00																
DCN																																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	FL	HF	PT	HL	AB
DAY																																				
EW																																				

These boxes are where you will enter the days you provided care. You will need to enter:

F for Full time days;

H for Half time days; or,

P for Part time days

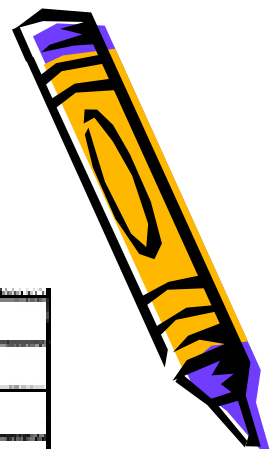
You will need to enter your days in the line for either **Day** when the child is authorized for daytime care or **EW** when the child is authorized for Evening/Weekend care.

If the child is absent, enter an **X** in that day.

If you are closed on a day the child is expected to be there, enter a **V** for vacation or holiday in that day.

Here is where you will total the days. Keep in mind to enter any vacation/holidays and/or absences that may have occurred during the month.





I CERTIFY THAT I, AS AN INDIVIDUAL OR AGENT OF THE CHILD CARE FACILITY, PROVIDED SERVICE TO THE CHILDREN LISTED ABOVE.

PROVIDER SIGNATURE/TITLE

DATE

LOCAL FSD DESIGNEE SIGNATURE

DATE

PLEASE COPY THIS BILLING INVOICE FOR YOUR RECORDS AND RETURN THE ORIGINAL TO THE FAMILY SUPPORT DIVISION OFFICE SHOWN ABOVE.
FOR ASSISTANCE YOU MAY CALL (314) 777-2470 .

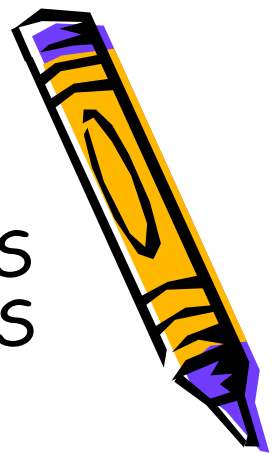
000100%

FA-504 (10-00)

Remember to sign and date the invoice before you return it to the DSS office. The invoice is a single page form, so you need to make a copy of the form for your records.



AT THE END OF EACH CALENDAR YEAR, YOU
WILL RECEIVE A TAX FORM THAT REPORTS
YOUR TOTAL INCOME RECEIVED FROM DSS
FOR STATE SUBSIDIZED CHILD CARE



AS A CHILD CARE PROVIDER:

- YOU ARE NOT AN EMPLOYEE OF THE STATE OF MISSOURI;
- YOU ARE RESPONSIBLE FOR FILING YOUR OWN STATE AND FEDERAL INCOME TAX RETURNS;
- YOU WILL RECEIVE TAX FORM 1099 WHICH REPORTS YOUR EARNINGS FROM DSS.



Sample Tax Form 1099



RETURN UNDELIVERABLE MAIL TO:
DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION/EARLY CHILDHOOD AND PREVENTION SERVICES SECTION
P.O. BOX 88
JEFFERSON CITY, MO 65102-0088

CHILD CARE PROVIDER NAME
CHILD CARE PROVIDER ADDRESS
CITY, STATE, ZIP CODE

2005 FORM 1099-MISC MISCELLANEOUS INCOME OMB NO. 1545-0115
YOUR CHILD CARE PROVIDER TAX ID/SSN: 123-45-6789 YOUR CHILDCARE VENDOR NUMBER: 001234567

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For Privacy Act and Paperwork Reduction Act Notice, see the 2005 General Instructions for Forms 1099, 1098, 5498, and W-2G.

1	6	7	14
\$.00	\$.00	NON EMPLOYEE COMPENSATION \$23,456.78	\$.00

Instructions to Recipients

The amount shown on this form may be subject to self-employment tax. If your net income is \$400 or more, you must file a return and compute your self-employment tax on Schedule SE (Form 1040). See Publication 533, Self-Employment Tax for more information. If no income, Social Security and Medicare taxes were withheld, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040-ES, Estimated Tax for Individuals.

If you are an individual, report the taxable amounts shown on Form 1040, as explained below. For corporations, fiduciaries, or partnerships, report the amounts on the proper line of your tax return.

Box 7: This box shows non-employee compensation. Payments reported in this box are income from self-employment. Report this income on Schedule C, C-EZ, or F (Form 1040) and complete Schedule SE (Form 1040).

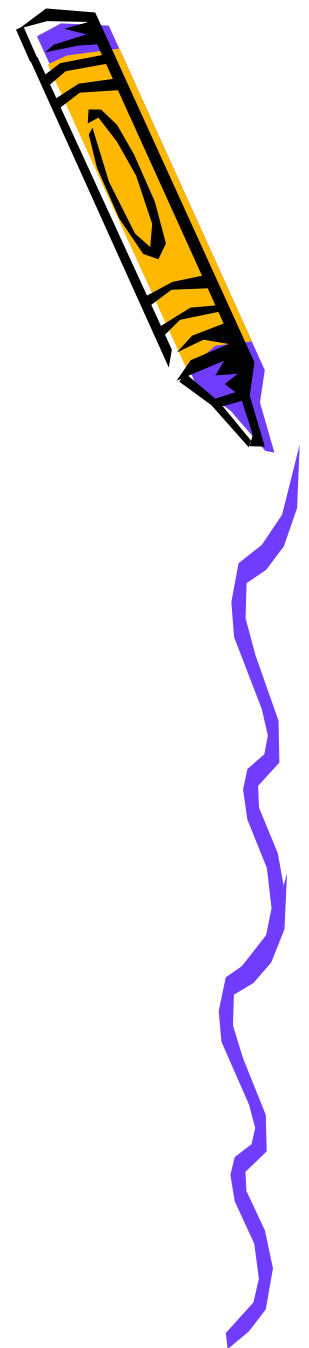
The amount shown in this box represents payments made to you from the Department of Social Services for child care services. You received these payments in the months of January 2005 through December 2005. Income on this form is counted because it was received within the 2005 tax year. If you provided child care services in December 2004, you were paid in the 2005 tax year. This payment is included in Box 7.

You received this form because you are considered self-employed and not an employee of the Department. Income reported on this form is based on child care invoices you submitted to the Department for child care services that you provided at the request of eligible families. The amount shown above represents a total of all payments made to you in 2005. The Department did not withhold Social Security or Medicare taxes on your behalf. Contact the IRS for information about how to report any Social Security or Medicare taxes.

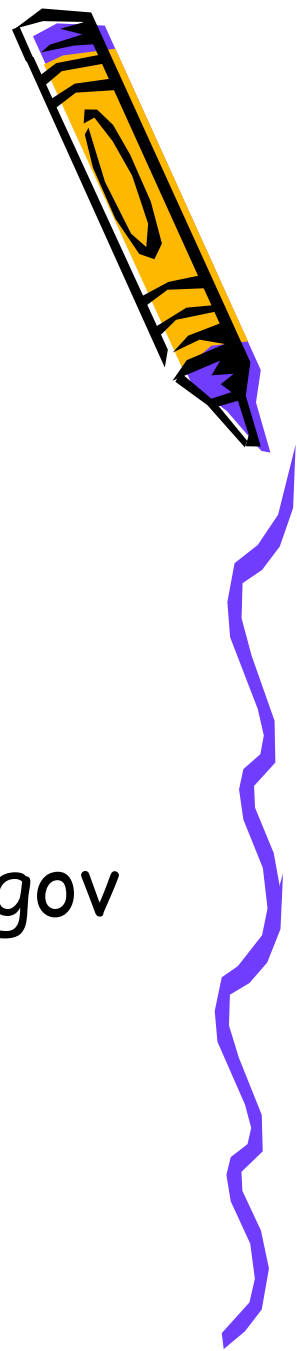
If you believe the amount shown in Box 7 is incorrect, **you must send an explanation and proof of the correct payment amount.** We will compare the payment information that you send to us with our records of payments made to you in the months of January through December 2005.

If your tax identification number or payee name is in error, **send proof of the correct name and/or number to:**

Missouri Department of Social Services
Children's Division/Early Childhood Section
1099 Correction
P. O. Box 88
Jefferson City, MO 65102-0088
573-522-1385
DSS FEDERAL EIN: 43-1754897



CHILD CARE RESOURCES



- ACCREDITATION
- SUE GRANTS
- MOCCRRN
- EDUCARE
- LICENSURE-<http://www.dhss.mo.gov>
- CHILD AND ADULT CARE FOOD PROGRAM (CACFP)



CHILD ABUSE/NEGLECT (CA/N) INFORMATION



- For information on Child Abuse and Neglect go to:

[http://www.dss.mo.gov/cd/pdf/guidelines
can_reports.pdf](http://www.dss.mo.gov/cd/pdf/guidelines_can_reports.pdf) to review Guidelines for
Mandated Reports of Child Abuse and
Neglect.



Course Completion

- Thank you for completing Subsidy Orientation Training. In order to receive confirmation for training completion click on the Exit link and follow the instructions.

[EXIT](#)

